

the MSH bulletin

Editor: Theresa Robinson, M.A.,
Staff Development Director/
Marketing Director

January 27, 2016

Volume 19, Issue 4



Dr. Peggy Stephens
Superintendent,
CEO,
and
Medical Director

You can *learn*
GREAT things from your
MISTAKES when you aren't
busy *denying them*.

7 Habits of Highly Effective People



Madison, Indiana

**By Pamela Guthrie, PhD.
MSH Staff Psychologist**

DBT Skills

Paying Attention

"The best way to capture moments is to pay attention. This is how we cultivate mindfulness. Mindfulness means being awake. It means knowing what you are doing."

— Jon Kabat-Zinn



This advice sounds simple, doesn't it? Most of us think we are really paying attention most of the time. And yet, we have probably all experienced thoughts such as, "Why did I come in here; what was I going to do?" or "Oh, gosh, I just drove several miles on the highway without thinking at all about what I was doing." It is times like those that help us remember how very fallible we are. Knowing what we are doing means knowing fully what we are doing in each moment, letting go of that moment, and being fully awake to the next, all day long. We will never achieve the goal of perfect mindfulness, but our lives are enriched by trying.

Madison State Hospital is the subject of a featured article in the **2015 Winter Issue** of “Notes for Life”.

Local pastor, Jeff Pflug, wrote the article. He also referenced our book, [Madison State Hospital: The First 100 Years](#).

Pastor Pflug writes about a former parishioner of his who was also a patient at this hospital for a time. Please enjoy this heart-warming article on the next 2 pages.



Notes for
Life

Volume 10 Issue 4 Winter 2015

Life Ministry and the **Mentally III**

BY JEFF PFLUG

Illness is never far from any one of us. Severe mental illness such as major depression, bipolar disorder or schizophrenia afflict approximately one in ten of us. Because of the severity of these illnesses — and stigma — the least among us tend to hide themselves and remain voiceless. Yet each of us has a story to tell.

"Saint Paul"

Paul was a member of our congregation, a machinist for a diesel manufacturer by trade and a patient at Madison State Hospital also known as Cragmont. I ministered to Paul between 1993-2001. Our visits were often unpredictable, but during almost every visit Paul would remind me of the exact day he arrived at the hospital. You would think after all those visits I too would remember the day, but I remember only it was September 1967. More than once I remember him saying: "Pastor, I wish you a very good life. I hope and pray that what has happened to me never happens to you and your family."

Then, we would have a devotion and celebrate the Lord's Supper.

Before every visit, I would call the nursing staff attendant just to make sure Paul was doing well and to ensure he would give me permission to come. One time I heard Paul's voice shout: "Tell him I don't want to see him!"

"Did you hear that?" the attendant sheepishly asked me. "Yes," I responded. "I heard. Please tell Paul I'll call again next week."

When next week came, I phoned the attendant, and this time Paul was more than willing to see me. We greeted one another and—before the existence of HIPAA laws—Paul took me to his room.

On top of his dresser was a Bible and *Luther's Small Catechism*. Paul knew his Bible and could quote it. He told me how he enjoyed reading Luther's morning and evening prayers. He then said, "Pastor, I want you to know why I told you not to come visit me last week." Surprised that he remembered the incident, I'll never forget his "centurion-like"¹ words: "Pastor, I wasn't prepared to receive the Lord's Supper. I was not worthy."

I sat speechless, praising God that I was given opportunity to bring this "Saint Paul" the Savior's gifts. Yes, Paul was chased by guilt, but according to our Lord's Word and promise, he had been catechized well and possessed a deep faith. We celebrated the reception of Christ's true body and true blood for the forgiveness of sins.

A few months later Paul became more agitated during our visits, but it wasn't because of his mental illness. Rather, Paul was upset because he had been told of the plan to convert much of the hospital campus into a state prison. With great passion he raised his voice: "This hospital is my home, and it's the home of all the mentally ill patients who live here. This is our home! Where are we going to live? How can they turn our home into a prison?"

White Crosses

One of the true joys of my pastoral ministry has been the opportunity to visit several mentally ill patients living at Madison State Hospital.

Life Ministry and the Mentally Ill

BY JEFF PFLUG

Notes for Life



White crosses mark the graves at Madison State Hospital Cemetery, Madison, Ind.

son State Hospital in Madison, Ind. Today, there are approximately 120 patients living at the hospital, down from the 500 patients who lived there when I first came to Madison in 1993. At its peak census in the late 1950s, there were 2000.

For more than 20 years my wife and I, like numerous other citizens of Madison, have enjoyed the two-

mile walk around the hospital campus grounds. The setting is serene and good for the soul. We wind our way through the thick woods until we come to a crag called "Lookout Point." Before us lies a 14-mile panoramic view of the river valley; behind you stand many of the 20 original two-story cottages of the hospital, the majority of which are now used for a women's state prison. From "Lookout Point," we walk

westward above the river valley until the road takes a bend, and we come to a grassy knoll where rows of weathered white crosses mark the ground and remind us of stories that have been silenced by time and prosperity. Each cross bears only an individual's initials and a number, leaving an imprint on our mind and heart as we pass by. These white crosses speak in silence.

The vast majority of those buried here were indigent patients who died between the years of 1926-1947. Because of my own family's experience with severe mental illness, I empathize for those who lived decades ago with biological brain disorders once known as dementia praecox (schizophrenia) and manic-depressive insanity (bipolar mood disorder).² I've often wondered, "Who is buried here, and what was it like to live in a mental institution before the advent of anti-psychotic and anti-depressive medications in the 1950s?" One thing that is certain, those who are buried here had nowhere else to go. They were home.

¹ Matt. 8:8

Life Ministry and the Mentally Ill

BY JEFF PFLUG

A Home and Safe Haven — Farms and Gardens

From its founding in 1910, Madison State Hospital has provided specialized treatment and support for the lives of countless patients who live with severe mental illnesses. Even before the development of psychiatric medications which help reduce some of the more severe symptoms of mental illness (e.g., Thorazine was first prescribed in France in 1951), the Lord has provided communities of care and safe haven.

In the early 1900's it was commonplace for state mental health institutions to have associated farms, gardens and orchards to provide food for patients. At Madison State Hospital those patients who were able helped raise corn, wheat and hay grown for feeding livestock. This included dairy cattle, beef cattle, feed for hogs, turkeys, chicken, ducks and geese. Plums, apples, grapes, peaches, green beans, sweet corn, tomatoes, potatoes, etc. were also raised and produced. The hospital even had its own bakery and cannery, and was still using coal to generate its own power when I first arrived.

As the first superintendent in 1910, Dr. E.P. Busse promoted an attitude of activity, recreation and work therapy as part of the overall care and treatment of the mentally ill. He believed that whether the patients worked little or much, the result was an increased interest in life. He wrote in 1913, "When unoccupied, patients become restless, irritable, quarrelsome and difficult to manage; whereas when engaged in some form of occupation, their delusions are subordinated for the time being, and a healthy mental reaction occurs, with a general tendency toward improvement, both mentally and physically ..."³

"Idleness," a later superintendent wrote, "is certainly not conducive to happiness and is a road that leads quickly to deterioration. We are anxious, as far as possible, to keep our patients occupied and entertained in order that they may be happy." Work was considered good for people, and idleness was harmful.⁴

God's First Article Gifts

My fellow baptized: Is not this a wonderful example of what we Lutherans call God's "First Article" gifts? Ironically, as America enjoyed prosperity and medical advances, many of the above activities ceased as the hospital farm was closed in 1969. In the name of advanced medicine (or more accurately, due to low-funding), the vast majority of mentally ill patients have been discharged and now live in the community-at-large, in group homes or apartments, and too often on the street, alone.

In 2001 our member, Paul, passed away, but not at the Madison State Hospital. In the latter 1990s, Paul was discharged first to a group home, then another state facility, and finally to a nursing home many miles away. Paul's deceased family

had provided funds to cover the expense of his burial. His graveside services were attended by three nursing home staff members, the funeral director and my wife. I only wish Paul could have been buried next to his home and safe haven, with a white cross bearing his initials and a number.

Biological illnesses and disorders of the mind are devastating, even tragic. Yet we have a wonderful example in Madison State Hospital, and there are others, like the community of Geel, Belgium: cbc.ca/news/world/psychiatric-community-care-belgian-town-sets-gold-standard-1.2557698

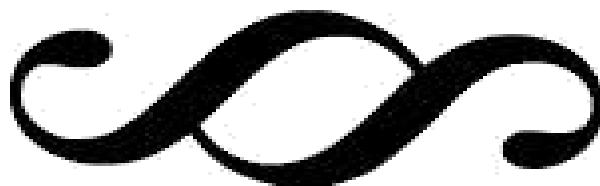
Not only have we received God's "First Article" gifts, we also have the life of Christ, His life ministry, His sacrifice on the cross, His resurrection, His Word of promise. In weakness, He gives strength (2 Cor. 12:9). He will never leave you nor forsake you (Heb. 13:5c; Ps. 121:6). He will provide a means to sustain you in any and every trial. He will give a *voice for the voiceless*.

A Final Word

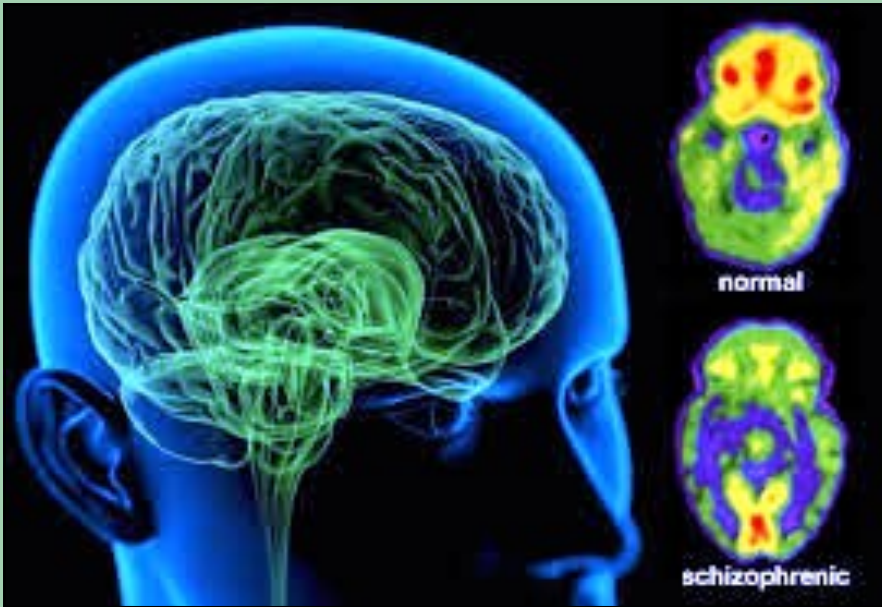
Today, as my wife and I still take our regular walks near those worn, white iron crosses which mark the grounds of Madison State Hospital, my sadness is tempered with a prayer of thankfulness for what once was, and a hope of what yet can still be. The Savior's life ministry included those who were troubled in their minds and spirit (Matt. 4:23-24; Matt. 8:16-17; Luke 6:17-19), and our life ministry as the Body of Christ — His Church — should endeavor to do the same (John 20:21).

"He gives them security, and they are supported, and his eyes are upon their ways." (Job 24:23)

The Rev. Jeff Pflug is pastor at Faith Lutheran Church, Madison, Ind., and a member of the LCMS Life Committee.



What is Schizophrenia?



schiz·o·phre·ni·a

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.

Signs and Symptoms

Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too. The symptoms of schizophrenia fall into three categories: positive, negative, and cognitive.

Positive symptoms: “Positive” symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

Negative symptoms: “Negative” symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include:

- Flat affect (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

Cognitive symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor “executive functioning” (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with “working memory” (the ability to use information immediately after learning it)

5 Factors That Demonstrate a Strong Work Ethic

by Amelia Jenkins, Demand Media



A strong work ethic is vital to a company achieving its goals. Every employee, from the CEO to entry-level workers, must have a good work ethic to keep the company functioning at its peak. **A work ethic is a set of moral principals an employee uses in his job.** Certain factors come together to create a strong work ethic.

1. Integrity

Integrity stretches to all aspects of an employee's job. An employee with integrity fosters trusting relationships with clients, coworkers and supervisors. Coworkers value the employee's ability to give honest feedback. Clients trust the employee's advice. Supervisors rely on the employee's high moral standards, trusting him not to steal from the company or create problems.

2. Sense of Responsibility

A strong sense of responsibility affects how an employee works and the amount of work he/she does. When the employee feels personally responsible for their job performance, they show up on time, put in their best effort and completes projects to the best of their ability.

3. Emphasis on Quality

Some employees do only the bare minimum, just enough to keep their job intact. Employees with a strong work ethic care about the quality of their work. They do their best to produce great work, not merely churn out what is needed. The employee's commitment to quality improves the company's overall quality.

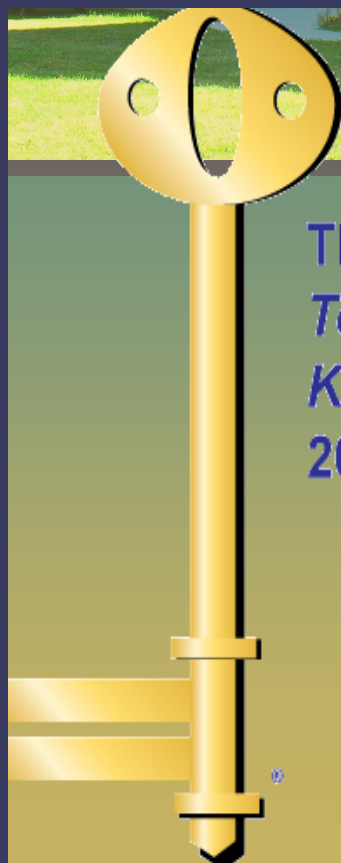
4. Discipline

It takes a certain level of commitment to finish your tasks every day. An employee with good discipline stays focused on his goals and is determined to complete his assignments. These employees show a high level of dedication to the company, always ensuring they do their part.

5. Sense of Teamwork

Most employees have to work together to meet a company's objectives. An employee with a high sense of teamwork helps a team meet its goals and deliver quality work. These employees respect their peers and help where they can, making collaborations go smoother.

Madison State Hospital



The Joint Commission's
*Top Performer on
Key Quality Measures®*
2014

3 Years in a Row!



A note goodbye...

From Kevin Royalty, BHRA

I will be retiring soon. My last day is January 29th. I would like to say thanks for all the memories not only from MSH but MSDC. There are too many to name. As for me, I have no plans as of yet, but I assure you that I will not be sitting still. To those who have been here awhile...keep on doing an outstanding job. To newer personnel...this has been a great place to work. Don't look at individual changes, but the long term outcome. I once thought this would be a good job for a couple of months, and I am still here 29 years later.

MSH patients were treated to a **special concert** last Friday in the auditorium.

Local singer/musician, Erik Brunner, performed to the enjoyment of all!



When life gives you too much snow...
Make snow angels



© heather stillufsen

The Indiana Tobacco Quitline is an evidence-based intervention.

The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by the Indiana Tobacco Prevention and Cessation Agency, the Indiana Tobacco Quitline offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

- intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- a brief, easy to use form
- an initial call made by the Quit Coach™ instead of the tobacco user



1.800.QUIT.NOW

Indiana's Tobacco Quitline
QuitNowIndiana.com

1-800-784-8669

Kick the habit to Upgrade in 2017



If you are enrolled in state medical benefits, you can qualify for the 2017 Wellness CDHP by reaching an Earned Status of Silver in HumanaVitality by August 31, 2016, and agreeing to the Non-Tobacco Use Agreement during our next Open Enrollment. This means all points must be processed and posted to your HumanaVitality account by the August 31 deadline. Don't wait until the last minute to submit information since processing of activities can take up to 45 days to be reflected in your account.

When you accept the non-tobacco use incentive, you receive a \$35 reduction in your health insurance bi-weekly premium. Our goal in announcing the non-tobacco use agreement requirement for the 2017 Upgrade early is to give employees plenty of time to research available options and stop using tobacco before January 1, 2017.

HumanaVitality has a variety of options to help tobacco users kick the habit and become tobacco free. Users may receive a goal to become tobacco-free based on a completed Health Assessment. These goals would then open up the Recommended Activities below.

- Health Coaching
- Living Free: Quitting Smoking – Course
- Quitting Smoking Again – Conversation
- Are you ready to quit smoking – Calculator
- How does smoking affect your lifespan – Calculator
- Does smoking increase your risk of heart attack – Calculator
- How much is smoking costing you – Calculator



All adult members can also complete a Nicotine Test for 400 Vitality Points. They can also earn an additional 400 points for a negative tobacco use test for a total of 800 Vitality Points.

Skinny Buffalo Chicken Dip

Yield: About 5 cups

Ingredients:

- 4 oz. reduced-fat (or fat-free) cream cheese, softened
- 1 cup plain Greek yogurt
- 1 cup shredded part-skim Mozzarella cheese
- 1/2 cup hot sauce
- 1/2 cup crumbled light blue cheese
- 1 Tbsp. ranch seasoning
- 3 cups shredded cooked chicken

Instructions:

- Stir all ingredients together in a medium saucepan until combined over medium-low heat.
- Continue heating for about 10-15 minutes, stirring occasionally, until the cheese is melted and the dip is simmering.
- Remove and serve immediately.

Great with low-fat chips and crackers, raw vegetables, and diet dipping-breads!

This delicious recipe brought to you by **Gimme Some Oven**.



10 Walking Mistakes to Avoid

By [Wendy Bumgardner](#)

Mistake #3: Walking Flat-Footed

Instead of rolling through the step with your forward foot from heel to toe, your foot is flattening out prematurely and you land flat-footed. Either you are fighting stiff, heavy shoes or your shins are too weak to let you roll through the step.

Symptoms

- Your feet hit the ground with a slap.
- You land flat-footed with each step and get no roll.
- You may develop shin pain.

The Cure for Walking Flat-Footed:

- Good heel strike with forward foot, push off with trailing foot.
- Get flexible shoes that bend at the ball of the foot. A pair of running shoes with a low heel is best.

To strengthen your shins, ankle, and lower leg:

- **Toe raises:** Stand on a stair facing upstairs with your heels hanging over the edge. Dip the heels down, then raise them high. Repeat 10-20 times.
- **Foot fun:** While sitting around, several times a day, tap your toes quickly for several seconds. Then write the alphabet in the air with your foot. Repeat with the other foot.
- **Heel walking:** As part of your warm-up, walk on your heels for 30 seconds.

